

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

09/980672

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2	1	1		
4		2	1	1		
5		10	1	1		
6	1		1			
7		1	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13	1		1			
14		1	1			
15		1	1			
16	1		1			
17		1	1			
18	1		1			
19	1		1			
20	1		1			
21	1	1	1	1		
22	1	1	1	1		
23	1	1	1	1		
24	1		1			
25			1			
26			1			
27			1			
28			1			
29			1			
30					1	
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	10		10			
TOTAL DEP.	16		19			
TOTAL CLAIMS	26		29			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						1
60						1
61						1
62						1
63						1
64						1
65						1
66						1
67						1
68						1
69						1
70						1
71						1
72						1
73						1
74						1
75						1
76						1
77						1
78						1
79						1
80						1
81						1
82						1
83						1
84						1
85						1
86						1
87						1
88						1
89						1
90						1
91						1
92						1
93						1
94						1
95						1
96						1
97						1
98						1
99						1
100						1
TOTAL IND.					2	
TOTAL DEP.					26	
TOTAL CLAIMS					28	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS